

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

CHAPTER 7

7.0 BREASTFEEDING

TABLE OF CONTENTS

Policies and Information

7-1	Breastfeeding Promotion and Support	7- 2
7-2	Local Programs Breastfeeding Coordinator	7-15
7-3	Manual and Single-User Electric Breast Pumps	7-17
7-A	Breast Pump Log	7-21
7-B	Breast Pump Agreement Form & Survey	7-22
7-C	Nutritional Support of the Breastfeeding Pair	7-24
7-D	CDC 2003 Reports on Breastfeeding	7-29
7-E	References and Resources	7-33

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT

Policy Number: 7-1
Effective/Revised Date: August 1, 2005

Chris Fogelman, Manager

Purpose

To ensure that the local WIC Programs meet the Federal and State requirements in the promotion and support of breastfeeding and work to increase breastfeeding initiation and duration rates within the State of Montana.

Authority

US Federal Regulations: 7 CFR 246.11,(b) (7)(i-iv)

Policy

- I. All Local WIC Programs will promote and support breastfeeding as the optimal way to feed an infant. Valid and consistent breastfeeding information will be made available to all women on WIC. Local WIC agency staff shall encourage every pregnant woman to breastfeed her infant unless there are special health reasons that contraindicate breastfeeding.

A. Prenatal Goal: Prenatal women in WIC will receive valid and consistent breastfeeding education so that they will be able to make a sound decision regarding their choice of infant feeding. Accomplishment Date: Prior to delivery.

1. Objective #1: All prenatal women determined eligible for WIC will be given the opportunity to learn about the benefits of breastfeeding for her and her baby.
2. Objective #2: Women desiring more information at subsequent visits will be provided with appropriate education, resources and/or referral.

B. In-Hospital Goal: Valid and consistent breastfeeding information will be provided to the hospital so that the woman who chooses to breastfeed her infant will be supported in her decision.

Accomplishment Date: On-going.

1. Objective #1: The BFC of the local WIC program will take a leadership role in establishing a working relationship with the local hospital, specifically, the nursery staff, and with the local pediatricians, family physicians and obstetricians so that they are aware of the WIC breastfeeding promotion and support initiative.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

2. Objective #2: If this linkage is already established and working, the BFC will continue to facilitate the necessary changes by education of the breastfeeding mother and by collaboration with the physicians and other health professionals.
3. Postpartum Goal: Valid and consistent breastfeeding information will be made available to all women on WIC. Accomplishment Date: On-going.
 - a) Objective #1: The BFC of the local WIC program will take a leadership role in establishing a working relationship with the local hospital and other health professionals to exchange current breastfeeding information so that valid and consistent knowledge is maintained.

Guidelines

1. Worldwide, health authorities agree that breastfeeding promotion should be a priority for health programs involving women and infants. The American Academy of Pediatrics (AAP), American Dietetic Association (ADA), the World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF), and many others, strongly support breastfeeding and have taken many steps toward its promotion.
 - A. American Dietetic Association - Abstract from *The Journal of the American Dietetic Association* 2001;101:1213):
2. It is the position of the American Dietetic Association (ADA) that broad-based efforts are needed to break the barriers to breastfeeding initiation and duration. Exclusive breastfeeding for 6 months and breastfeeding with complementary foods for at least 12 months is the ideal feeding pattern for infants.
3. Increases in initiation and duration are needed to realize the health, nutritional, immunological, psychological, economical, and environmental benefits of breastfeeding.
4. Breastfeeding initiation rates have increased, but cultural barriers to breastfeeding, especially against breastfeeding for 6 months and longer, still exist. Gaps in rates of breastfeeding based on age, race, and socioeconomic status remain.
5. Children benefit from the biologically unique properties of human milk including protection from illness with resulting economic benefits.
6. Mother's benefits include reduced rates of pre-menopausal breast and ovarian cancers.
7. Appropriate lactation management is a critical component of successful breastfeeding for healthy women.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

8. Lactation support and management is even more important in women and children with special needs caused by physical or developmental disability, disease, or limited resources.
9. Dietetics professionals have a responsibility to support breastfeeding through appropriate education and training, advocacy, and legislative action; through collaboration with other professional groups; and through research to eliminate the barriers to breastfeeding.
- A. American Academy of Pediatrics -- *Summary of 2005 Recommended Feeding Practices:*
 1. Pediatricians and other health care professionals should recommend human milk for all infants unless breastfeeding is specifically contraindicated. If a known contraindication to breastfeeding is identified, consider whether the contraindication may be temporary, and if so, advise pumping to maintain milk production. Before advising against breastfeeding or recommending premature weaning, weigh the benefits of breastfeeding against the risks of not receiving human milk.
 2. Parents should be provided with complete, current information on the benefits and techniques of breastfeeding.
 3. When direct breastfeeding is not possible, expressed human milk should be provided.
 4. Education of both parents before and after delivery of the infant is an essential component of successful breastfeeding.
 5. Supplements (water, glucose water, formula, and other fluids) should not be given to breastfeeding newborn infants unless ordered by a physician when a medical indication exists.
 6. Pacifier use is best avoided during the initiation of breastfeeding and used only after breastfeeding is well established, except when pacifier use is for nonnutritive sucking and oral training of premature infants and other special care infants.
 7. During the early weeks of breastfeeding, mothers should be encouraged to have 8 to 12 feedings at the breast every 24 hours, offering the breast whenever the infant shows early signs of hunger such as increased alertness, physical activity, mouthing, or rooting.
 8. Crying is a late indicator of hunger.
 9. The mother should offer both breasts at each feeding for as long a period as the infant remains at the breast. At each feeding, the first breast offered should be alternated so that both breasts receive equal stimulation and draining.
 10. In the early weeks after birth, non-demanding infants should be aroused to feed if 4 hours have elapsed since the beginning of the last feeding.
 11. After breastfeeding is well established, the frequency of feeding may decline to approximately 8 times per 24 hours, but the infant may increase the frequency again with growth spurts or when an increase in milk volume is desired.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

12. Encouraging the mother to record the time and duration of each breastfeeding, as well as urine and stool output during the early days of breastfeeding in the hospital and the first weeks at home, helps to facilitate breastfeeding evaluation.
13. Weight loss in the infant of greater than 7% from birth weight indicates possible breastfeeding problems and requires intensive evaluation of breastfeeding and possible intervention to correct problems and improve milk production and transfer.
14. Pediatricians and parents should be aware that exclusive breastfeeding is sufficient to support optimal growth and development for approximately the first 6 months of life and provides continuing protection against diarrhea and respiratory tract infection.
15. Breastfeeding should be continued for at least the first year of life and beyond for as long as mutually desired by mother and child. There is no upper limit to the duration of breastfeeding and no evidence of psychological or developmental harm from breastfeeding into the third year of life or longer.
16. Complementary foods rich in iron should be introduced gradually beginning around 6 months of age.
17. Introduction of complementary feedings before 6 months of age generally does not increase total caloric intake or growth rate and only substitutes foods lacking the protective components of human milk. During the first 6 months of age, even in hot climates, water and juice are unnecessary for breastfed infants and may introduce contaminants or allergens.
18. Infants weaned before 12 months of age should not receive cow's milk but should receive iron-fortified infant formula.
19. All breastfed infants should receive 200 IU of oral vitamin D drops daily beginning during the first 2 months of life and continuing until daily consumption of vitamin D-fortified formula or milk is 500 mL. Human milk contains small amounts of vitamin D, but not enough to prevent rickets. Exposure of the skin to sunlight is the usual mechanism for production of vitamin D. However, significant risk of sunburn (short-term) and skin cancer (long-term) attributable to sunlight exposure makes it prudent to counsel against exposure to sunlight. Sunscreen decreases vitamin D production in skin. Supplementary fluoride should not be provided during the first 6 months of life.
20. From 6 months to 3 years of age, the decision whether to provide fluoride supplementation should be made on the basis of the fluoride concentration in the water supply and in other food, fluid sources, and toothpaste.
21. Mother and infant should sleep in proximity to each other to facilitate breastfeeding; (however, *sleeping* in the same bed is not recommended).
22. Should hospitalization of the breastfeeding mother or infant be necessary, every effort should be made to maintain breastfeeding, preferably directly, or pumping the breasts and feeding expressed milk, if necessary.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

23. Mothers of multiple infants can breastfeed. Twins can be breastfed at the same time, one infant at each breast. The mother should alternate the breast each infant uses at each feeding or at least once each day.
24. For triplets, the mother can nurse two infants at one time and give formula to the third. At the next feeding, the formula is given to one of the babies that had been breastfed. All three infants are given a chance to breastfeed.

Procedures

- I. Establish LWP breastfeeding policy and procedures. These may include the following:
 - A. Designing and providing a comfortable area for women to breastfeed,
 - B. Implementing breastfeeding support/education groups,
 - C. Sponsoring peer-led parenting groups;
 - D. Establishing a breast pump program;
 - E. Participating in the local Healthy Mothers, Healthy Babies Coalition and promote breastfeeding as part of the agenda.
- II. Each LWP will incorporate task-appropriate breastfeeding promotion and support training into orientation programs for new staff involved in direct contact with WIC participants so all WIC staff performing services for applicants/participants shall:
 - A. have task-appropriate BF knowledge and skills to assess, educate, and make appropriate referrals;
 - B. support the BF goals of the WIC Program;
 - C. maintain a positive attitude and atmosphere for breastfeeding; and
 - D. have a role in promoting and supporting the successful initiation and continuation of BF.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

III. LWP staff shall encourage breastfeeding and ensure that women have access to breastfeeding promotion and support activities during the prenatal and postpartum periods.

- A. Participants should feel comfortable asking questions about BF and feel comfortable BF their infants in the clinic.
- B. Prior to issuing formula, participants shall be aware of the availability of breast pumps and provided information regarding any BF concerns.
- C. Market BF through visual effects (posters and other materials) to promote BF as the optimal and normal way to feed an infant. All materials distributed or visible to participants shall be:
 - 1. free of any items with formula product names and/or logos with the exception of the WIC Approved Foods materials.
 - 2. returned formula shall be stored where participants cannot see it;
 - 3. free of language that undermines the mother's confidence in her ability to BF;
 - 4. presenting BF in a positive light;
 - 5. at an appropriate reading level for WIC participants;
 - 6. culturally appropriate, accurate and up-to-date.
- D. Education is the key to promoting breastfeeding.
 - 1. Early and frequent contacts during pregnancy and the postpartum period increase breastfeeding success.
 - 2. Breastfeeding education should be participant-centered, discussing breastfeeding concerns of the participant first, included in each nutrition education contact, culturally relevant to the participant, and are provided by culturally competent staff.
 - 3. Concentrating on the advantages of breastfeeding is somewhat ineffective. A majority of bottle feeders say that they know breastfeeding is better for the infant's health.
 - 4. Instead, a discussion of breastfeeding from the mother's point of view, the social and emotional considerations, is much more effective.
 - 5. Determine a woman's attitude toward breastfeeding at the pregnancy certification visit and if possible, discuss some breastfeeding benefits.
 - 6. During the second trimester (or during the third if a woman enters WIC late in her pregnancy), it is appropriate to talk to the pregnant client about breastfeeding in more detail. By this time, the mother is probably open to information on infant feeding. CPAs will need to discuss such items as breastfeeding techniques, proper positioning and latch-on prior to and after an infant is born.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

7. Breastfeeding is natural, but it is not necessarily instinctive. Support participants through this learning process. Understanding more about the breast and the way it works makes it easier to help breastfeeding mothers. Knowing the physiology and anatomy of the breast and the process of breast milk production and lactation will help you to better explain these topics to participants.
8. Clarify misconceptions and concerns as early in pregnancy as possible. Most women will have made their decision on how they will feed their infant by the last trimester, some earlier.
9. Provide one-on-one discussions to allow women to express their concerns and fears about breastfeeding.
10. Using the three-step strategy developed by **Best Start Social Marketing** is a recommended counseling technique, described below.

The Best Start Three Step Breastfeeding Counseling Strategy
<ol style="list-style-type: none">1. Ask open ended-questions to identify her concerns. (i.e. "What do you know about breastfeeding?")2. Affirm her feelings by assuring her that these feelings are normal.3. Educate by clarifying how other women like her have dealt with the same concerns.

- a) Most women are curious about breastfeeding. Allow women the time to talk about their concerns followed by a sensitive and engaging discussion.
- b) Form dialogue in a "mother-centered" or "infant-centered" way depending on the mother's frame of reference.
- c) Recognize and identify cultural issues.
- d) Questionnaires can help provide a quick and easy approach to breastfeeding and identify the pregnant woman's concerns. These are especially useful with women who are reluctant to discuss breastfeeding openly. Following is a Sample Questionnaire*(*adapted from "Breastfeeding – Encouraging the Best for Low Income Women," Lazarov & Evans, 2005, 4woman.gov)

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

e)

You can breastfeed in public without being noticed	Agree / Disagree
It is easier to bottle feed than to breastfeed.	Agree / Disagree
Many women are not able to make enough milk.	Agree / Disagree
My boyfriend/husband doesn't want me to breastfeed.	Agree / Disagree
I've heard that breastfeeding hurts.	Agree / Disagree
No one else could feed my baby if I breastfeed.	Agree/ Disagree
I would have to eat differently if I breastfeed.	Agree / Disagree
My mother wants me to bottle feed.	Agree / Disagree

11. Suggested Responses to Breastfeeding Concerns*:

a) *Lack of Confidence*

- (1) Demonstrate with a doll how to nurse discreetly. Show pictures of women breastfeeding with loose clothing, shawls and blankets.
- (2) "Most women feel uncomfortable about breastfeeding in public and like anything new, it will feel weird. Then you get used to it and it feels normal and even enjoyable."
- (3) "Most women are able to find a private place when they need one. Some will nurse in their car or the women's restroom. If you want, you can offer your baby a bottle, preferably of your own expressed breastmilk, in places where you may feel embarrassed to nurse."
- (4) "Fortunately, making enough milk does not depend on breast size. Did your breasts get tender when you first got pregnant? That means your breasts were setting up shop and developing the milk glands to make milk. Your body thinks you are going to breastfeed whether you do or not!"

b) *Embarrassment*

- (1) "Most people are afraid when taking on a new challenge – remember how you felt when you first learned how to ride a bike? Breastfeeding is sort of like riding a bike – you may be a little uneasy at first, but before you know it, it's something you don't even have to think about."

c) *Loss of Freedom*

- (1) Explore with her what she wants for her baby – to be healthy? To be smart? To be successful? To have good self-esteem? What does she want her relationship with her baby to be like? Help her to see how breastfeeding can help her meet her goals and aspirations for herself as a mother.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

- (2) Explore what she wants for herself—to be healthy? To look good? To feel good about herself? To be successful at something? To be loved and appreciated? Again, help her relate to how breastfeeding can meet her goals and aspiration for herself as a woman.
- (3) “Many doctors and experts in child development think that a baby whose needs are met, who is given a clear message that he/she is loved, comes to trust the world and believe that he/she is a lovable person. A baby who receives this foundation of love and trust tends to be more secure and comfortable with others.”
- (4) “While pregnant, your baby was nurtured and massaged all day long. Your baby heard your heart beat constantly. After birth, he/she still needs a lot of touching and cuddling to feel secure.”
- (5) “Since babies that are not breastfed are sick more often, breastfed babies can be a lot easier to take care of and people usually are more willing to watch a healthy baby for you than a sick baby.”
- (6) “It’s nice to be needed, to have a special job that no one else can do for your baby.”

d) *Lifestyle Restrictions*

- (1) There are no foods you need to avoid in order to breastfeed. Think about women in Mexico. They eat spicy foods and still breastfeed with no problems!”
- (2) “It is not good to smoke whether you breastfeed or bottle-feed. Second-hand smoke causes babies to wheeze and have more colds and ear infections, but breastfeeding can help babies who are around smoke from getting sick as often.”
- (3) Women who tend to be tense and hyper can breastfeed just fine. In fact, the hormones your body makes during breastfeeding helps you to relax and feel calmer. It calms your baby also – the quickest way to calm yourself and your baby is to put the baby to the breast!”

e) *Lack of Support from Family and Friends*

- (1) Discussing ways for the father to feed and care for the baby and to deal with emotional separation from the mother, envy of the mother’s emotional connection with the baby, and feelings of inadequacy from having a limited role in caring for the baby can be very helpful to the father or others in the family circle.
- (2) “When your mother had you, not many women breastfed and nobody was around to help them. I will be here to help you learn to breastfeed so that there should be no pain. We know a lot more

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

about breastfeeding now than when your mother was born.”

(3) “Breastfeeding should not be painful, although there may be minor discomforts during the first couple of weeks. If breastfeeding were truly painful, no one would do it!”

(4) “There are many ways the baby’s father can feel close to the baby other than by feeding him or her. Your baby’s father could be the one who bathes the baby, takes the baby for a walk, or puts the baby to bed for the night. He can hold and cuddle the baby and help with diaper changing. Babies need lots of loving! But you need to remind Dad how important he is to you as well!”

12. Explain/show correct positioning and latch-on.
13. Discuss feeding guidelines (adequate intake, frequency of feedings, infant feeding cues), hospital stay, use of infant formula and pacifiers, and what to expect during the first few weeks.
14. Show how to pump and store breast milk (also discuss WIC and local breast pump loan programs).
15. Discuss how to manage breastfeeding during the first weeks after birth.
16. Provide Peer Group Discussions
 - a) A group setting of peers with at least one to two women who have breastfed allows expectant mothers to comfortably discuss these issues in front of family and friends.
 - b) Personal testimonials can be an effective way to help her see and believe that others like herself share her concerns.
 - c) Exposure to mothers nursing their babies increases her level of comfort with breastfeeding. When possible, invite a significant other in the woman’s life into group or individual discussions. Address the issues that influences of others can have on the breastfeeding mother.
17. Education as the Pregnancy Comes to Term
 - a) Provide time to discuss with the mother what to expect in the hospital or birth center. Use the time to further clarify any concerns she may still have and to discuss the benefits of breastfeeding (as well as the risks of not breastfeeding) that may be of particular interest to her based on what you have learned about her and her family.

E. Working with Local Hospitals

1. **Ten Steps to Successful Breastfeeding** is a worldwide program by UNICEF/WHO Baby Friendly Hospital Initiative. Hospitals are given the Baby Friendly recognition when they implement the “Ten Steps to Successful Breastfeeding” which provides and

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

2. excellent way to facilitate change within hospitals. A community task force can help the hospital take small steps toward this international recognition. Focusing on the easiest changes first and the ultimate goal of more mothers breastfeeding and breastfeeding exclusively, rather than the more controversial aspects of the program, will make the path toward change smoother.
3. It is important that WIC staff establish a good working relationship with community hospitals and birthing centers as they play a critical role in breastfeeding initiation and duration.
4. Provide the nursery with an introduction to the WIC breastfeeding promotion and support initiative and with copies of the local plan, including some hand-out materials.
5. The following can be shared with a hospital's birthing staff as well as with the mother to be:

a) RECOMMENDED BREASTFEEDING PRACTICES FOR HOSPITALS AND BIRTH CENTERS (*Adapted from Policy Statement of the American Academy of Pediatrics – Breastfeeding and the Use of Human Milk, 1997*)

- (1) Begin breastfeeding as soon as possible after birth.
- (2) Keep the newborn with the mother throughout the recovery period.
- (3) Avoid procedures that interfere with breastfeeding, such as bathing and weighing, except under special medically needed circumstances.
- (4) Practice continuous rooming-in. Separation for naps or hospital procedures should be for periods of no longer than an hour.
- (5) Nurse newborns whenever they show signs of hunger, such as increased alertness, mouthing, or rooting.
- (6) Crying is a LATE indicator of hunger.
- (7) Newborns should be fed 8 to 12 times in 24 hours and should be aroused to feed if 4 hours have lapsed since the last feeding.
- (8) Conduct a formal evaluation of breastfeeding by a trained observer (lactation counselor or consultant) during the first 24 to 48 hours after delivery.
- (9) Give no supplements – water, glucose (sugar) water, formulas or pacifiers. There are a few medical indications for the need for supplements, but these situations are very uncommon as long as the other recommended procedures are followed. Mothers insistent upon the use of pacifiers should be encouraged to avoid them until after breastfeeding is well established.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

F. Conduct an individual visit (home or office) within 48 to 72 hours after discharge from the hospital.

1. This is an optimal time to observe and assess the mother and baby's mastery with breastfeeding. Praise the mother for her new skills and for the role model she is to her community.
2. Early postpartum is also an important time to revisit the major concerns she identified during her pregnancy, as well as discussing any new concerns. Consider the following questions during the postpartum visit:
 - a) Is she comfortable breastfeeding around family members?
 - b) Does she need you to help demonstrate how to breastfeed discreetly?
 - c) Is she concerned about the baby sleeping through the night?
 - d) Does she think formula feeding will help her to get more rest?
 - e) Is she sore or engorged? Review ways to prevent soreness (proper latch-on techniques) and engorgement. Discuss manual expression.
 - f) Does she plan to return to work or school? If so, when? If a pump will be needed, you may discuss the availability of breastpumps through the WIC program or others in the community, such as Medicaid.

G. Make a second visit within the first four to six weeks.

1. If possible, call if you sense a mother is reluctant to continue breastfeeding. Use the Best Start three-step strategy discussed earlier to identify her concerns. If she decides to quit, praise her for the challenge she accepted and help her to see that it made a difference.
2. Discuss working outside the home or returning to school, offering bottles of breastmilk or formula, and obtaining and using a pump, if needed. For quality service, follow-up on breast pumps issued with the **Montana WIC Breast Pump Survey** form.

H. Weaning

1. The ideal time to start weaning is best decided by mother and her infant. When a mother asks for information about weaning, first give her the information she wants and then ask her to tell you about her situation, her feelings about weaning, what she thinks weaning will bring about, her child's needs for nursing, and how she plans to wean.

I. Lactation Referrals and Resources

1. Become familiar with sources of trained, skilled and available help in your community such as lactation consultants, if there is not one on staff, hire and train WIC Peer Counselors, and become familiar with other health department staff, La Leche League

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-1 BREASTFEEDING PROMOTION AND SUPPORT, continued

or local pediatric clinic staff.

2. Make referrals when needed.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-2 LOCAL PROGRAMS BREASTFEEDING COORDINATOR

Policy Number: 7-2
Effective/Revised Date: August 1, 2003

Chris Fogelman, Manager

Purpose

To ensure that each local agency (LA) employ or contract with adequate staff to ensure participants receive high-quality nutrition services while maintaining the required staff to participant ratio of 300:1 (300 participants to 1 Full-Time Equivalent (FTE)).

Authority

7 CFR part 246.7

Policy

Each LWP shall designate a staff person as BF Coordinator (BFC) to coordinate breastfeeding promotion and support activities.

Guidelines

- I. BFC Qualifications:
 - A. Must meet the qualifications for CPA;
 - B. Must have breastfeeding training and knowledge by way of one of the following:
 1. 1 year of experience in counseling women about how to breastfeed successfully; and have State-approved training in lactation management; OR
 2. credentials of International Board Certified Lactation Consultant (IBCLC) as granted by the International Board of Lactation Consultant Examiners (an IBCLC can provide specialized BF support and clinical lactation management); OR
 3. be a Certified Lactation Consultant (CLC) as granted by the Center for Breastfeeding Education, or have attended comparable training in lactation management.
 - C. Must complete the Breastfeeding Promotion and Support Competency Based Training (CBT) module within one month of assuming the position.
 - D. Must document initial and on-going BF or lactation training, which shall be maintained at the LWP for review.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-2 LOCAL PROGRAMS BREASTFEEDING COORDINATOR, continued

- II. Roles and responsibilities of the BFC:
 - A. Oversee the planning, implementation, and evaluation of breastfeeding promotion and support activities and staff training.
 - B. Keep current with the latest breastfeeding information and inform other local agency staff of new recommendations.
 - C. Identify, coordinate, and collaborate with community breastfeeding resources.
 - D. Coordinate and document BF training of LWP staff:
 - 1. incorporate task-appropriate BF promotion and support training into new staff orientation for staff involved in direct contact with WIC participants;
 - 2. train all staff to understand their role in promoting breastfeeding, regardless of their personal feelings about breastfeeding; and
 - 3. teach assembly, use and cleaning of breast pumps and expression and storage of human milk to WIC staff (unless another individual has been designated as the LA Pump Program Coordinator. Refer to Policy #7-3).
- III. The LWP shall submit the name of the BFC to the State WIC Office. The BFC is the State WIC Office's primary contact for BF-related correspondence.
- IV. LWP's shall have a designated BFC at all times. If the designated BFC will be out for an extended leave, an interim BFC shall be appointed.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-3 Manual and Single-User Electric Breast Pumps

Policy Number: 7-3
Effective/Revised Date: July 1, 2003

Chris Fogelman, Manager

Purpose

To ensure that the local WIC Programs meet the Federal and State requirements in the promotion and support of breastfeeding and work to increase breastfeeding initiation and duration rates within the State of Montana.

Authority

7 CFR 246.11

MPSF-1:WC-95-37-P, "Providing Breast Pumps to WIC Participants"

Policy

- II. All Local WIC Programs may provide manual and single-user electric breast pumps to breastfeeding WIC participants when needed to manage breastfeeding. Each local agency issuing breast pumps must designate a staff person who is responsible for overseeing the local agency's breast pump program.

Procedures

- I. WIC state agencies are authorized to use administrative funds and food funds to purchase aids that directly support the initiation and continuation of breastfeeding.
- II. The Local Agency Breast Pump Program Coordinator (BPPC) would generally be the Local Agency BFC.
 - A. The BPPC is responsible for breast pump inventory and record maintenance. Breast pumps must be stored in a secure area, which can be locked when staff is not present.
 - 1. Document all pumps issued in a pump log.
 - 2. A separate pump log shall be kept for manual and for single-user electric breast pumps.
 - 3. A breast pump inventory report is to be completed quarterly and submitted to the State Breastfeeding Coordinator.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-3 Manual and Single-User Electric Breast Pumps, continued

4. All local agency staff issuing breast pumps must successfully complete training on breast pump assembly, use and cleaning and on expression and storage of human milk prior to pump issuance.
 5. A record of this training must be kept at the local agency and submitted to the State Breastfeeding Coordinator when new staff have been trained.
- B. Eligibility for issuance of a manual or a single-use electric breast pump shall be determined by a CPA, Lactation Consultant, or Breastfeeding Coordinator. The reason for breast pump issuance shall be documented in the participant record.
1. **Manual pumps** are available for breastfeeding participants in the following circumstances:
 - a) for mothers who need help in resolving short-term breastfeeding concerns such as having engorgement, flat or inverted nipples, oversupply, a sleepy baby, or a plugged duct;
 - b) and for mothers with other reasons as determined by the CPA, Lactation Consultant or Breastfeeding Coordinator.
 2. **Single-user electric pumps** are available for breastfeeding participants who need help in maintaining their milk supply in the following circumstances:
 - a) mothers separated from their babies regularly such as with full-time or close to full-time return to work or school, infant/mother hospitalization or sharing custody of an infant;
 - b) mothers of infants with special needs such as cleft lip or palate, Down Syndrome, cardiac problems, cystic fibrosis, or other similar conditions;
 - c) mothers of multiple infants;
 - d) mothers of infants with physical or neurological impairment such as weak suck, uncoordinated suck/swallow pattern, inability to suck, or inability to latch on to the breast; and
 - e) mothers with other reasons as determined by the CPA, Lactation Consultant or Breastfeeding Coordinator.
- C. **Pump Issuance:** Manual and single-user electric breast pumps may be issued to eligible breastfeeding participants under the following conditions:
1. Breast pumps are provided at no charge to the WIC participant.
 2. WIC Procedure for Issuing a Manual or Single-user Electric Breast Pump is followed.
 3. WIC staff conducting breast pump training and distributing pumps shall have previously completed required training on breast pump issuance procedures and use of pumps.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-3 Manual and Single-User Electric Breast Pumps, continued

III. **Procedure for Pump Issuance:** Follow these steps when issuing a manual or single-user electric breast pump to a breastfeeding WIC participant:

- A. Determine if a manual breast pump or a single-user electric breast pump will best meet her needs. If a single-user electric breast pump is most appropriate, but one is not available, a manual breast pump may be issued.
- B. Discuss pumping techniques and discuss all aspects of handling expressed breast milk including: methods of pumping, storage times and temperatures (freezing and refrigeration), and proper thawing and warming techniques, when to pump, how often to pump, how long to pump, and how to stimulate let-down. Advise mothers that they will not be able to express as much as the infant would be able to suckle. One quarter of an ounce at the first attempt may be a reasonable expectation.
 1. Use the manufacturer's instructions to demonstrate how to assemble, use and clean the breast pump.
 2. Have the participant demonstrate assembly of the pump and review how to use and clean the breast pump.
 3. Provide written instructions on safe handling of expressed breast milk.
 4. Have the participant read and sign the "Montana WIC Program Breast Pump Release Form".
 5. Provide a phone number to call for help or support.
- C. Provide encouragement. Recommend for all mothers:
 1. Adequate rest
 2. Regular meals and snacks
 3. Plenty of fluids
 4. Spend as much time with infant as possible
 5. Reduce stress as much as possible
- D. Schedule a follow-up visit.
 1. Call within 24 hours and weekly thereafter to discuss pumping needs.
 2. Chart the reason for pump issuance and education provided in the participant record.
 3. Complete the pump log.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-A PUMP LOG

Agency: _____

Date Issued	Participant Name	Participant ID#	Participant Phone #	Pump Given	Issued By	Comments

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-b Montana WIC Program Breast Pump Release Form

I understand this breast pump is for my personal use. I have been instructed by

_____ on the following topics:

_____pumping techniques

_____cleaning, assembly and care of the pump

_____storage and use of pumped breast milk

I agree to:

_____Use the pump and its parts as instructed by the staff.

_____Contact _____ at _____ if I need further
information or have questions on the use of the breast pump.

I understand that the local WIC Program, the Montana Department of Public Health and Human Services and their employees are NOT responsible for any personal damage caused by the use of this breast pump. I AM THE ONLY ONE RESPONSIBLE.

Participant Signature

Date

Phone #

ID #

Pump Given

Instructed By

Comments

Original in Participant Record, Copy to Participant

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

WIC Breast Pump Survey

Survey Response

We are happy to provide you with a breast pump. By answering the following questions, you can help WIC provide better services to other breastfeeding women.

1. How old is your baby? _____

2. Are you still breastfeeding? ____Yes ____No

3. If you are not currently breastfeeding . . .

How long did you breastfeed? _____

Why did you stop?

4. How many days or weeks did you use the breast pump? _____

5. Did the breast pump help you to continue breastfeeding? ____Yes____No

6. How much longer did you breastfeed or provide breast milk in a bottle because of using the breast pump?

_____ I am still breastfeeding	_____ 3 months longer
_____ less than one week longer	_____ 4 months longer
_____ 1 - 3 weeks longer	_____ 5 months or longer
_____ 1 month longer	_____ 6 months or longer
_____ 2 months longer	

7. If the pump did not help you to continue to breastfeed, what would have helped you?

7-C Nutritional Support of the Breastfeeding Pair

Nutritional Needs and Breastfeeding

Although lactation increases a woman's requirements for nearly all nutrients, these increased needs can generally be provided by a well-balanced diet. *The Montana Food Guide Pyramid for Breastfeeding Women* may be used to identify recommended eating practices. An adequate diet promotes an optimum breast milk production and helps a mother maintain her maternal nutrient source.

A breastfeeding mother should be concerned about everything she takes into her body as well as the effects of medications, caffeine, artificial sweeteners, smoking, alcohol and recreational/street drugs.

I. Dietary Requirements

A. Postpartum:

1. The diet quality remains very important during the postpartum period, whether or not a woman chooses to breastfeed. The postpartum woman must replenish nutrient stores used during pregnancy and delivery. Physiologically, she now must also be nourished to meet the demands of a newborn child.

B. Breastfeeding Mother:

1. For the infant's optimal growth and development, a breastfeeding mother's diet should contain the essential nutrients needed by both the mother and the infant. An adequate diet promotes optimal breast milk production and helps maintain the mother's maternal nutrient stores.
2. Although lactation increases a woman's needs for nearly all nutrients, those increased needs can be met with a well-balanced diet. Encourage breastfeeding women to follow the *Montana Food Guide Pyramid for Breastfeeding Women*.

II. Mother's Diet Affects Breast Milk

- A. Current research shows that women can produce adequate breast milk on inadequate diets and are able to produce sufficient quantities of milk to support the growth and promote the health of the infant. However, the *mother's* health may be at risk due to depletion of nutrient stores, which may have an impact on the success of her next pregnancy and long-term consequences, such as decreased bone mineralization.
- B. The mother's diet has *little or no effect* on the amount of protein, carbohydrate, calcium, phosphorus, magnesium, electrolytes, iron, copper, and zinc in her breast milk. The mother's diet has some effect on fat, fat-soluble vitamins, water-soluble vitamins, folic acid, and fluoride in her breast milk and a **STRONG EFFECT** on the amounts of selenium, iodine, and vitamin D.
- C. The Committee on Nutrition During Lactation recommends that women consume at least 1800 calories per day in order to achieve a satisfactory intake of nutrients. Not all women will lose weight during breastfeeding. Some studies suggest that approximately 20 percent may maintain or gain weight.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-C NUTRITIONAL SUPPORT OF THE BREASTFEEDING PAIR, continued

III. Nutrition Screening of the Breastfeeding Woman

A. Nutrition Risk screening for the breastfeeding woman is done so the CPA can evaluate nutritional status based on screening criteria, identify breastfeeding women at nutritional risk, set goals for development of the nutrition care plan with appropriate follow-up, and to make appropriate referrals.

B. Potential risk factors (*For a complete list of WIC nutrition risk codes, refer to the Chapter 5*)

1. Low Hematocrit or Hemoglobin,

- a) Recommend using up remaining prenatal supplements with iron. If participants have trouble remembering to take them, suggest they put a note on their bathroom mirror or refrigerator door as a reminder.
- b) Review iron-rich foods. Encourage use of these and emphasize those available through WIC.
- c) Discuss the association with high vitamin C foods and the absorption of non-heme iron. (Vitamin C increases the absorption of non-heme iron, the iron mainly from plant sources.)
- d) Review factors that inhibit iron absorption.
- e) Have participant state one thing she will do to increase her iron intake.
- f) Recheck the hemoglobin/hematocrit at the next appointment (1-2 months).
- g) A participant who does not respond to such intervention or who has a very low level should be referred to her health care provider.

2. Low Weight for Height

- a) Evaluate participant's diet using the *Montana Food Guide Pyramid for Breastfeeding Women*. Reinforce groups in which she is meeting the minimum recommended number of servings. Provide suggestions for increased intake of groups in which her intake is low.
- b) Show participant how to evaluate her diet in comparison with the *Montana Food Guide Pyramid for Breastfeeding Women* so she can do this at home.
- c) Have participant state one thing that she will do to increase servings in one low group or if her intake in all groups is adequate, what she will do to increase number of servings eaten. If participant also has a low hemoglobin or hematocrit, include information from that section.

3. High Weight for Height

- a) Review the benefits of gradual weight loss especially during the first months after birth.
- b) Evaluate participant's diet using the *Montana Food Guide Pyramid for Breastfeeding Women*. Reinforce groups in which she is meeting the recommended number of servings. Provide suggestions for increased intake

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-C NUTRITIONAL SUPPORT OF THE BREASTFEEDING PAIR, continued

of groups in which her intake is low. Discuss lower-fat, lower-calorie food choices.) It is important to stress that moderate to severe calorie restriction can decrease milk production and stamina - at a time when they need more energy!!

- c) With reported use of diet pills, laxatives, or diuretics refer to her health care provider. Review benefits of regular exercise for weight control. Remind participant to check with her health care provider before beginning an exercise program.
- d) Determine if low food intake is due to financial or transportation difficulties. Refer to public assistance, the local food bank, and other food assistance agencies in the community. If available, refer her to the Expanded Food and Nutrition Education Program (EFNEP). Discuss wise menu planning and food purchasing techniques. Have participant state one of these practices she will implement.
- e) If signs of extreme stress or depression are indicated, refer to mental health services.
- f) With reported use of diet pills, laxatives or diuretics, refer to her health care provider

- 4. multiple infants,
- 5. obstetrical conditions that put her at risk such as short interconceptual period,
- 6. inadequate diet, and
- 7. pregnant at 17 years or younger.

C. Other signs of potential nutrition problems to watch for are cultural or religious dietary restrictions, lack of transportation, poor appetite, inadequate cooking or refrigeration facilities, irregular meal patterns, and/or overly anxious new mothers.

IV. Drugs, Caffeine, Smoking & Alcohol

A. Breastfeeding mothers should be concerned about everything taken into her body. The primary consideration is the advantage of the medication versus the potential effects on the baby. Some substances do not pass through breast milk. With others, the amount that passes through depends on the timing of ingestion in conjunction with nursing.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-C NUTRITIONAL SUPPORT OF THE BREASTFEEDING PAIR, continued

B. The WIC Program may serve as a primary contact for breastfeeding information in many communities.

C. Medications

1. Resources for WIC staff on medications and breastfeeding include Medications and Mother's Milk by Hale and Chapter III on "Specific Drugs and Their Effects" of the publication *Providing Drug Abuse Information and Referrals in the WIC Program: A Local Agency Resource Manual*.
2. Street drug use is often associated with inadequate nutrient intake and absorption, poor health, smoking and alcohol abuse. Addictive drugs taken by a breastfeeding mother can be passed to the infant through the mother's milk. Since these drugs are not essential to the well-being of the mother, and their effects on the infant are often unknown, their use is strongly discouraged.
3. Be aware of current fads in street drug use. Growing in popularity is the drug methamphetamine, a synthetic amphetamine or stimulant. A mother who is currently breastfeeding, and using methamphetamine, or any other drug contraindicated for breastfeeding, should not breastfeed her infant while the drug(s) are in her system. If a mother is suspect of drug use, WIC will not deny her breastfeeding education, and will emphasize the concerns about drugs and breast milk, as with all breastfeeding participants. Treat the situation with education. Once education on breastfeeding is complete and if a mother will admit that she cannot be clean long enough to breastfeed, then the CPA should recommend a formula for her.
4. With suspected cases of substance abuse, referral to an appropriate treatment source is required, such as other health care providers, public health nurses, drug and alcohol rehabilitation programs and/or other community programs, which may be helpful.

National Help and Hotlines:

Drug & Alcohol Treatment Referral National Hotline: 1-800-662-4357

Treatment facility referrals and help line: 1-800-HELP-1111

PRIDE (Parent's Resource Institute for Drug education): (707) 458-9900

Narcotics Anonymous, World Service Line: (818) 773-9999

National Alcoholics Anonymous: 212-870-3400

D. Caffeine

1. Breastfeeding mothers should be cautioned on the use of caffeine. Caffeine will pass through to the breast milk and can affect the infant.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-C NUTRITIONAL SUPPORT OF THE BREASTFEEDING PAIR, *continued*

2. Moderate intake of caffeine by the mother (equal to the caffeine in two cups of coffee) has not been noted to cause adverse effects; however, excess use of caffeine has been noted to result in an irritable baby with a poor sleep pattern.

E. Smoking

1. It is important to warn breastfeeding mothers that nicotine and other substances from cigarettes pass through breast milk to the infant and has the potential for producing serious, adverse effects in infants.
2. Women who smoke a pack or more a day may have a decreased milk supply.
3. Evidence is accumulating about the harmful effects of second-hand smoke and can make an infant especially vulnerable to colds, pneumonia and bronchitis if anyone in the household smokes.
4. Provide encouragement to avoid or reduce smoking during breastfeeding. If she or another member in the household smokes, recommend smoking outside of the house.

F. Alcohol

1. Negative aspects of alcohol consumption during breastfeeding should be related to breastfeeding mothers.
2. Alcohol passes easily into breast milk.
3. Discourage alcohol consumption by the breastfeeding mother until after the child has been weaned.

II. Breastfeeding and Family Planning

- A. Breastfeeding participants should be aware that while breastfeeding in itself is a contraceptive, and can be unreliable.

- B. The use of breastfeeding as a contraceptive is only reliable if:

1. the woman *fully* breastfeeds on demand with day and night feedings,
2. the infant receives no supplemental foods or liquids,
3. the infant is under six months of age, and
4. the mother's menses has not returned.

- C. Caution women to use another form of contraception for most circumstances. If a woman discontinues breastfeeding or begins weaning from the breast, refer to her family planning provider for a more reliable method of birth control.

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-D CDC Pediatric Nutrition Surveillance System (PedNSS) 2003 Report-- Breastfeeding Targets

Informational Data

Background

- I. According to the U.S. government's Healthy People 2010 report, 64 percent of all mothers breastfed their babies in early postpartum in 1998. The U.S. Centers for Disease Control and Prevention (CDC) reported breastfeeding at 72.8% in 1998, but uses different survey methods/groups.
- II. Healthy People 2010 is a national prevention initiative to improve the health of all Americans that builds on initiatives pursued over the last two decades. One of the goals is that breastfeeding initiation rates increase to 75% by the year 2010 and to 50% at 6 months duration.
- III. At the close of 2003, CDC data shows Montana at 74.7% for initiation rates for breastfeeding and at 30.8% for 5-6 months duration. It appears Montana has successfully met the initiation rate goal but falls behind on duration rates.
- IV. THE CDC PedNNS 2003 report for the state of Montana is the newest information available to WIC since 1998. This data in Montana is obtained solely from WIC reporting on participant information (participants under the age of 5 years). A total of 21,800 records were included in this report to give the following information:
 - A. comparison of racial and ethnic distribution,
 - B. comparison of age distribution,
 - C. comparison of growth and anemia indicators,
 - D. prevalence and trends of low birthweight,
 - E. prevalence and trends of short stature, underweight, overweight, and risk of overweight,
 - F. prevalence and trends of anemia,
 - G. percentage and trends of infants ever breastfed, of infants breastfed at least 6 months, and of infants breastfed at least one year.
- V. CDC has provided a comparison of Montana to the nation, a comparison by county, by clinic and by region. However, for many counties and clinics, there is no data as percentages were not calculated if less than 100 records were available for analysis after exclusion of records with errors. The following table shows for those counties, which included 100 or more records for review. Keep in mind that the more records available, the more reliable the data.

MONTANA WIC PROGRAM**STATE PLAN & POLICIES MANUAL****7-D CDC REPORTS, continued****BREASTFEEDING RATES BY COUNTY**

(0 = no data if less than 100 records, error free, submitted)

County	records submitted	ever breastfed	records submitted	breastfed 6 months	records submitted	breastfed at least 12 mo.
Blackfeet	140	65.7%	124	14.5%	119	16%
Cascade	417	69.3%	365	33.2%	218	14.%
Crow Res.	132	49.2%	0	0	101	22.8%
Flathead	333	86.8%	294	39.1%	197	39.6%
Fort Peck	116	49.2%	100	26.0%	0	0
Gallatin	187	85.0%	168	41.1%	128	28.9%
Lake	117	84.6%	0	0	0	0
Lewis &Clark	192	76.0%	120	28.3%	111	17.1%
Missoula	382	84.8%	279	43.7%	253	27.7%
Ravalli	147	87.1%	105	48.6%	0	0
SilverBow	150	70.0%	138	20.3%	0	0
Yellow- stone	515	70.9%	385	22.1%	232	15.1%
Montana	3941	74.7%	3037	30.8%	2455	20.7%
Nation	969228	52.5%	527,765	20.8%	555,990	12.3%

MONTANA WIC PROGRAM**STATE PLAN & POLICIES MANUAL****7-D CDC REPORTS, continued****BREASTFEEDING RATES BY CLINIC**

(0 = no data if less than 100 records, error free, submitted)

Clinic	records submitted	ever breastfed	records submitted	breastfed at least 6 months	records submitted	breastfed at least 12 mo.
Blackfeet	140	65.7%	124	14.5%	119	16.0%
Great Falls	417	69.3%	265	33.2%	218	14.2%
Helena	185	76.2%	119	27.7%	111	17.1%
Kalispell	285	86.7%	248	37.1%	161	41.0%
Missoula	329	83.6%	234	40.6%	197	22.8%
Polson	117	84.6%	0	0	0	0

BREASTFEEDING RATES BY ETHNICITY

(0 = no data if less than 100 records, error free, submitted)

race - ethnicity	records submitted	ever breastfed	records submitted	breastfed at least 6 months	records submitted	breastfed at least 12 mo.
White, not Hispanic	2,772	79.1%	2130	34.3%	1650	21.9%
Black, not Hispanic	61	0	40	0	25	0
Hispanic	158	70.9%	111	22.5%	76	0
AI or AN	926	62.0%	730	21.1%	689	17.3%
Asian or Pacific Islander	24	0	26	0	15	0

AI = American Indian

AN = Alaskan Native

MONTANA WIC PROGRAM**STATE PLAN & POLICIES MANUAL****7-D CDC REPORTS, continued****BREASTFEEDING TRENDS BY ETHNICITY**

(0 = no data if less than 100 records, error free, submitted)

year	White, non Hispanic	Black, non Hispanic	AI or AN*	Hispanic	Asian or Pacific Islander	Other
**1995 - ever BF	72.2%	0	52.5%	66.3%	0	0
2003 - ever BF	79.1%	0	62%	70.9%	0	0
1995 - BF at least 6 mo	35.5%	0	62%	31.0%	0	0
2003 - BF at least 6 mo	34.3%	0	73%	22.5%	0	0

***The year 1995 is used as a comparison to 2003 because while data is available back to 1994, the number of records submitted for that year were quite lower than for other years.

BREASTFEEDING TRENDS

(0 = no data if less than 100 records, error free, submitted)

year	records submitted	ever breastfed	records submitted	breastfed at least 6 months	records submitted	breastfed at least 12 months
2003	3941	74.7%	3037	30.8%	2455	20.7%
1998	4783	72.8%	3750	33.2%	3163	20.4%
1997	5112	72.2%	4080	32.1%	3425	17.8%
1996	5169	70.3%	4093	30.2%	3561	17.7%
1995	5000	68.2%	3833	32.6%	3354	16.4%
1994	2241	70.0%	1745	27.6%	1685	16.0%

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-E REFERENCES AND RESOURCES

Books

Breastfeeding A Guide for the Medical Profession, Ruth Lawrence, 5th Edition, 1999.
Breastfeeding Answer Book, Nancy Mohrbacher and Julie Stock, revised edition, 1997.
Child of Mine, by Ellyn Satter, 3rd edition, 1991.
Counseling the Nursing Mother, A Lactation Consultant's Guide, 3rd edition, Judith Lauwers and Debbie Shinskie, 2000.
Infant Nutrition and Feeding: A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs, USDA Government Printing Office 0-360-395 QC3, 1994.
Medication and Mother's Milk, Thomas Hale, 10th edition, 2000.
Nutrition in Infancy and Childhood, by Cristine Trahms and Peggy Pipes, 6th edition, 1997.
Nutrition in Pregnancy and Lactation, by Bonnie Worthington-Roberts and Sue Rodwell Williams, 6th edition, Mosby, St. Louis Missouri, 1996.
The Nursing Mother's Companion, Fourth Edition Kathleen Huggins, Harvard Common Press, Boston MA, 1999.
Tyler's Honest Herbal, Steven Foster and Varro E. Tyler, 4th edition, Haworth Press, 1999.
Using Loving Support to implement Best Practices in Peer Counseling – Orientation Binder, MPRO, USDA, 2004.

Handouts

These are suggested hand-outs available from various reputable sources. Some of these may be available free of charge from the WIC State Office:

Montana Food Guide Pyramid for Breastfeeding Women

La Leche League

- Working and Breastfeeding
- The Importance of Breastfeeding
- Are Your Nipples Sore
- Tips for Breastfeeding Twins
- If Your Breasts Become Engorged
- Tips for Rousing a Sleepy Newborn
- Tips for Handling the Baby Blues
- Treating Thrust
- Storing Human Milk
- Manual Expression of Breast Milk Marmet Technique
- Breastfeeding

MONTANA WIC PROGRAM

STATE PLAN & POLICIES MANUAL

7-E REFERENCES AND RESOURCES, continued

- Establishing Your Milk Supply
- Care Plan for Mastitis
- Preparing to Breastfeed
- Breastfeeding a Baby with Down Syndrome
- Babies and Children in the Hospital
- Common Breastfeeding Myths
- Persistent Diarrhea: Could It Be Lactose Intolerance?
- The Diabetic Mother and Breastfeeding
- How to Handle a Nursing Strike
- Nipple Confusion
- When Babies Cry
- The Breastfeeding Father
- Breastfeeding after a Cesarean Birth
- Breastfeeding the Baby with Reflux
- Nursing a Baby with a Cleft Lip or Palate
- Breastfeeding & Sexuality
- Breastfeeding & Fertility

Noodle Soup:

- Why Should I Nurse My Baby?
- Ten Tips on Getting Started Breastfeeding
- Ten Healthy Habits While You Are Breastfeeding
- Is Breastfeeding Right For Me?

Video

Hand Expression , Kittie Franz.

Websites

Academy of Breastfeeding Medicine - www.bfmed.org

American Academy of Pediatrics (AAP) - www.aap.org

American Dietetic Association (ADA) - www.eatright.org

Centers for Disease Control (CDC) - www.cdc.gov

Food and Nutrition Information Center, USDA - www.nal.usda.gov/fnic/ & www.4woman.gov

La Leche League - www.lalecheleague.org

Montana Coalition of Healthy Mothers, Healthy Babies - www.hmhb-mt.org

World Health Organization - www.who.in